



STEVE BULLOCK, GOVERNOR

STATE OF MONTANA - DEPARTMENT OF LIVESTOCK

MILK CONTROL BUREAU  
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**Out-of-State Distributor License Application – Fiscal Year 2018 (July 1, 2017 – June 30, 2018)**

Please review the information below, update, and return this form to the Milk Control Bureau with the required license fee of **\$2.00** before July 1, 2017.

After the bureau processes your fee and application, it will mail the license to the specified mailing address.

**Montana Dept. of Livestock Licenses**

Milk Control Bureau #

Milk and Egg Bureau #

Change or Correct Business Name? ☐ Yes ☐ No

If Yes, New Name: \_\_\_\_\_

Change Mailing Address? ☐ Yes ☐ No

If Yes, New Address: \_\_\_\_\_

Primary/Preferred Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone:

Business: \_\_\_\_\_ Mobile: \_\_\_\_\_ Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

Business is a: ☐ Sole Proprietorship ☐ Limited Liability Company\*

☐ Partnership\* ☐ Corporation\*

\*Attach list of names and addresses of directors, owners, or officers.

As an Out-of-State Distributor, which types of businesses do you sell milk products? (check all that apply)

☐ Distributor ☐ Jobber ☐ Retailer

(Please complete and submit Attachment A: List of Distributors / Jobbers / Retailers)

I certify that the business holds all licenses required by the Department of Livestock for the conduct of this business and that in the case of milk entering Montana from another state or foreign nation, the business is in compliance with the requirements of the Montana Food, Drug and Cosmetic Act.

\_\_\_\_\_  
**Signature of Applicant/License Holder**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print or Type Name**

**Out-of-State Distributor Application**  
**Attachment A: List of Distributors / Jobbers / Retailers**

Please list the distributors, jobbers, and retailers who receive milk products from your business.

Business/Franchise/EtcCityStateThis image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper. There are no margins, text, or other markings on the page.

## **DISTRIBUTOR LICENSE SUPPLEMENT**

Periodically, Milk Control Bureau staff may need to discuss a monthly report, assessments, etc. with someone from your business. Please provide a name, telephone number, and email for the following.

### **General Information**

General Manager: \_\_\_\_\_

Office Personnel: \_\_\_\_\_  
(who can direct us to whomever we need)

Plant Manager: \_\_\_\_\_

Others (please list): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Administrative Assessment / Report of Sales**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

City / State: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Additional Information** (please add any additional information that you might consider helpful)

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